State of California **Board of Corrections Corrections Planning and Program Division** SEMI-ANNUAL PROGRESS REPORT Form CGII 005 (Revised 08/99) Juvenile Crime Enforcement and Accountability Grant II (JCE&ACG) JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY **CHALLENGE GRANT II** All funded projects are to use this form to prepare their semi-annual progress report. Projects with multiple programs must provide separate information for each component. A. General Information Contract Number: County: Reporting Period: From To Progress Report Number: **B.** Fiscal Overview (Total For All Challenge Grant Programs) Grant Match **Total Funds Funds** Total expenditures at the end of this reporting period. Balance of funds remaining at the end of this reporting period. 3. Were any individual budget line item changes, under 10%, made during this reporting Yes No period? If yes, explain: 4. Were any individual budget line item changes, over 10%, made during this reporting Yes No period? If yes, was a Budget/Program Modification (Form CGII - 002) submitted and Yes No approved by the BOC? If yes, please identify the modification Project Modification Number: Date Approved: number and the date approved. If no, please explain: C. Personnel Overview

Ι.	Have all grant funded positions been filled?	☐ Yes	∐ No
	If no, explain:		

2.	Are staff, paid with grant funds, performing grant-related duties in proper proportion	Yes	☐ No	
	to the percent of state funds for each position?			
	If no, explain:			
1				

3. Are there any current, or anticipa	ted, personnel issues that may impact the	e project?	Yes	☐ No			
If yes, explain:							
4. Were any subcontracts or MOU's	entered into during this reporting	Yes	No	N/A			
period?	emered into during time reporting						
If yes, explain:							
5 If h	4- 4- POC9	1 [V	□ N-			
5. If yes, have copies been provided If no, explain:	to the BOC?	<u> </u>	Yes	∐ No			
n no, explain:							
Note: If you have obtained signed	subcontracts or MOU's during this re	enorting nerio	d and have	e not			
•	C, please attach them to this progress		u unu nu v	7 1100			
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D. Community Involvement (counties with multiple locations/programs must report this information							
		separately for each program component).					
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2.	Program Evaluation Checklist:			
	Complete the following program evaluation checklist and explain any "yes" responses in the space provided:			
	With respect to Program Evaluation, we have experienced problems with	•		
1.	Achieving Sample Sizes Targeted for This Point in the Research	Yes	☐ No	□ NA
2.	Implementing Planned Approach for Assigning Cases to Treatment and	Yes	☐ No	□ NA
2	Comparison Groups		□ NT	D. D.T.A
3.	Maintaining Confidentiality as to Subjects Being Assigned to Treatment and Comparison Groups	Yes	∐ No	□ NA
4.	Implementing Reliable Measures of Operationally Defined Independent and	Yes	No	□ NA
	Dependent Variables	_		
5.	Obtaining Needed Research Assistance and Expertise	Yes	No	□ NA
6.	Implementing the Approved Research Design	Yes	No	□ NA
7.	Obtaining A Complete Set of Data on Research Subjects	Yes	No	□ NA
8.	Obtaining Data on Research Subjects in a Timely Manner	Yes	No	□ NA
9.	Being Up to Date on Entering Collected Data into the Computer	Yes	☐ No	☐ NA
10.	Collecting Common Data Elements	Yes	☐ No	☐ NA
11.	Being on Track with Originally Stated Timelines	Yes	☐ No	☐ NA
12.	Other (Describe:)	Yes	☐ No	☐ NA
	Elaborate on any "yes" responses.			•
	If you responded "yes" to item #1, indicate the number of research subjects	Treatme	nt Group:	
	you anticipated having at this point in time.	Compari	son Group	:

F. Case and Outcome Informati Separately for each Program	•	_	e Progran	ıs Must R	eport	This	Inform	ati	on
Complete Tables 1 and 2 and	enclose a c	liskette with upda	ted informa	tion for all	comm	on da	ata elem	ents	S.
Table 1: Program	Participa	nt, Case Assignn	nent and C	Case Histo	ry Inf	orma	ation		
County:	Prograi	m:		Report	ing Pe	riod ¹	:		
CASE ASSIGNMENT SUMMA	RY				Treat	tmen	t C	omj	parison
Cases Assigned as of Start of Reporting									
New Cases Assigned During Reporting	g Period								
Total Cases Assigned as of End of Rej	orting Peri	od							
Projected Total Cases Assigned by En		1 0							
Projected Total Cases Assigned by En									
Total Active Cases (i.e., Program Part		•							
Total Active Cases (i.e., Program Part									
		ort of Reporting Period		g Reportin Period	ıg	As	of End o Per		eporting
CASE HISTORY SUMMARY	Treatmen	t Comparison	Treatme nt	Compar	ison	Trea	atment	Co	mparison
Total Cases Who Completed									
Program Requirements									
Total Cases Who Failed to									
Complete Program Requirements									
Total Cases Who Dropped Out of									
Program Through No Fault of Their									
Own									
Total Cases Assigned to Follow-up Period									
Total Cases Who Completed									
Follow-up Period									
						nparison ³			
PROFILE OF PROGRAM PARTIC Cumulative)	CIPANTS ((AT ENTRY) (All	Cases	Number	Perc	ent	Numbe	er	Percent
Female									
Male									
			Now						
601 Ward		In Past, But Not Currently							
			Never						
	Now								
602 Ward		In Past, But Not Currently							
			Never						
			Now						
On Informal Probation		In Past, But Not	Currently						
			Never						

¹Reporting Periods: 2/15/2000; 8/15/2000; 2/15/2001; 8/15/2001; 2/15/2002; 8/15/2002

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

		Treatment ²		Comparison ³		
CONDUCT DURING PROGRAM (I.E.	, INTERVENTION	Number	Percent	Number	Percent	
PERIOD) ¹ (All Cases [Cumulative])						
Wardship Status at end of Intervention	Ward					
Period	Not a Ward					
	Yes					
Completed Formal Probation During	No					
Intervention Period	Does Not Apply (Not on Formal Probation During Intervention Period)					
Placed on Continued on Formal Probation Intervention Period	for Offense Committed During					
Arrest Resulting in Referral to Probation for Intervention Period						
Petition for Criminal Offense Sustained/Co	onvicted in Adult Court for					
Offense Committed During Intervention Po	eriod					
Received Institutional Commitment for Of Intervention Period	fense Committed During					
	Yes					
Completed Payment of Restitution to	No					
Victim During Intervention Period	Does Not Apply (Not Obligated to Pay Restitution to Victim During Intervention Period)					
Ordered by Court to Pay Restitution to Vic During Intervention Period	ctim for Offense Committed					
Completed Court-Ordered Work	Yes					
Program/Community Service During	No					
Intervention Period	Does Not Apply (Not Under Court-Order to Complete Work Program/Community Service During the Intervention Period)					
Ordered by Court to Complete Work Prog						
Offense Committed During Intervention Po	•					

¹ See Common Data Element #'s 44-46, 48, 50, 54, 56-59.
² Number and Percent of Cases in Treatment Group
³ Number and Percent of Cases in Comparison Group

Table 2: In-Pr	ogram and Outcome Information	(Continu	ıed)		
	-	Treatment ²		Compa	arison ³
CONDUCT DURING FOLLOW-UP I	PERIOD¹([All Cases	Number	Percent	Number	Percent
Cumulative])	ν.				
Wardship Status at end of Follow-Up	Ward				
Period	Not a Ward				
	Yes				
Completed Formal Probation During	No				
Follow-Up Period	Does Not Apply (Not on Formal Probation During Follow- Up Period)				
Placed or Continued on Formal Probation Follow-Up Period	n for Offense Committed During				
Arrest Resulting in Referral to Probation Follow Up Period	for Offense Committed During				
Petition for Criminal Offense Sustained/Offense Committed During Follow-Up P					
Received Institutional Commitment for C Follow-Up Period	Offense Committed During				
•	Yes				
Completed Payment of Restitution	No				
Victim During Follow-Up Period	Does Not Apply (Not Obligated to Pay Restitution to Victim During Follow-Up Period)				
Ordered by Court to Pay Restitution to V	ictim for Offense Committed				
During Follow-Up Period					
	Yes				
Completed Court-Ordered Work	No				
Program/Community Service During Follow-Up Period	Does Not Apply (Not Under Court Order to Complete Work Program/Community Service During the Follow-Up Period)				
Ordered by Court to Complete Work Pro Offense Committed During Follow-Up P	•				

¹ See Common Data element #'s 68-70, 72, 74, 78, 80-83
² Number and Percent of Cases in Treatment Group
³ Number and Percent of Cases in Comparison Group

G. Authorized County Signatures					
Person Preparing The Report	Project Fiscal Officer	Project Manager			
Signature	Signature	Signature			
Name	Name	Name			
TV 1					
Title	Title	Title			
Date	Date	Date			
Telephone #	Telephone #	Telephone #			

Mail to: Board of Corrections Corrections Planning and Programs Division, 600 Bercut Drive Sacramento, CA 95814-0185 or FAX to: (916) 445-5796.

	Date Progress Report was received at the BOC:	
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